

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

Page 1 of 2

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular			<u>0</u>	<u>9/22/17</u>	<u>TUTTI FRUTTI GUAM</u>
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT
Complaint			RATING	<u>2:30pm</u>	<u>3:00pm</u>
Investigation			<u>A</u>	SANITARY PERMIT NO.	LOCATION (Address)
Other:				<u>17000 2335</u>	<u>LOT 3013 E 5047 #1088 W</u> <u>MARINE CORPS DR. UNIT 225 MICRONESIAN MALL</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>SODA FOUNTAIN</u>				<u>1</u>	<u>633-5761</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>0</u>	<u>1</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>0</u>	

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performance duties			6
<b>Employee Health</b>						
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Management awareness; policy present			6
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O			6
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O			6
<b>Preventing Contamination by Hands</b>						
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O			6
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O			6
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
<b>Approved Source</b>						
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O			6
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O			6
<b>Protection from Contamination</b>						
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O			6
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O			6
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O			6
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O			6
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O			6
<b>Consumer Advisory</b>						
22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
<b>Highly Susceptible Populations</b>						
23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
<b>Chemical</b>						
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
<b>Conformance with Approved Procedures</b>						
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS =Corrected on-site during inspection R=Repeat violation PTS =Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) <u>Elizabeth Moya</u>	Date: <u>9/22/17</u>	
DEH Inspector (Print and Sign) <u>James Cruz</u>	Follow-up (Circle one): YES <input checked="" type="radio"/> NO <input type="radio"/>	Follow-up Date <u>N/A</u>

Page 2 of 2

ESTABLISHMENT NAME <i>TUTTI FRUTTI GUAM</i>		LOCATION (Address) <i>LOT 50139 5047 #1038 W. MARINE CORPS DR. UNIT 225 MICRONESIAN MALL DEDDIO</i>
INSPECTION DATE <i>9, 22, 17</i>	SANITARY PERMIT NO. <i>170002335</i>	PERMIT HOLDER <i>HAN CORPORATION</i>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

**Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.**

A REGULAR FOLLOW-UP INSPECTION WAS CONDUCTED.  
PREVIOUS INSPECTION CONDUCTED ON 8/30/17 (20,B)  
THE FOLLOWING WAS OBSERVED:  
ALL PREVIOUS VIOLATIONS (ITEM # 6, 8, 14, & 47) HAVE BEEN  
CORRECTED.  
NO NEW VIOLATIONS.  
REMOVED "B" PLACARD NO. 00920  
"A" PLACARD NO. 03025 ISSUED  
BRIEFED PIC ON ABOVE

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date: 9/22/12

Date: 9/22/17